

SFMNP PROXY FORM 2012
New Jersey Department of Health and Senior Services
Senior Farmers' Market Nutrition Program

Participant Name: _____ Date: _____

Address: _____

Telephone Number: _____

Proxy Name: _____ Date: _____

Address: _____

Form of ID presented: _____

A person designated as a proxy must present acceptable personal identification and the participant's completed application, and eligibility documents.

Signature of Participant

Signature of Proxy

***** PLEASE RETURN THIS FORM WITHIN 15 DAYS OF SIGNING TO:
YOUR LOCAL COUNTY OFFICE ON AGING**

***ONE (1) PROXY MAY REPRESENT A MAXIMUM OF THREE (3) ELIGIBLE PARTICIPANTS.**

To file a civil rights complaint, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

SFMNP Proxy Policy and Procedure 2012